

Mail Drop 542M Aircraft Registration Unit PO Box 2100 Phoenix AZ 85001-2100 602-712-8852 acreg@azdot.gov

AIRCRAFT DEALER LICENSE APPLICATION

96-0605 R€H/15

azdot.gov

Applicant (Name of Company, Corp.	oration or Business) Owned	d by (Name	e of Indiv	vidual, Cor	poration,	etc.)	
Physical Address of Dealership			City			State	Zip	
Mailing Address (if different from Physical Address)			City			State	Zip	
Phone Number	Fax Number E-ma			nail Address				
Arizona Tax Privilege License #	1							
Bonding Company and Bond # (attach copy)				Or Certificate of Deposit #				
Business Contact: The person of Transportation (ADOT) Motor Verequired to comply with Aircraft Dusiness Contact Name (first, mi	hicle Division (MV ealer duties desc	D) Aircraft Deale	r Licensin	g Unit a	and perfo			
Phone Number	Fax Number		E-mail Address					
Note: ARS § 28-8383 requires ten (10) days after the purchas provided by the department. license tax prescribed by section	e or sale of an a If the notificatio	ircraft or after a	ccepting	an airc	craft on o	consign	ment on a form	
Applicant Signature				Date				
STATE OF								
COUNTY OF								
Subscribed and sworn before me	this	day of					, 20,	
(Seal)Notary Public								
Note: Under Arizona Revised Statutes, a false statement made or sworn to in an affidavit shall constitute perjury, a misdemeanor punishable upon conviction by a fine of not more than \$150,000.00, imprisonment not to exceed 4 years, or both.								
Agency Use Only								
Reviewed and Approved by:		Title			Date			